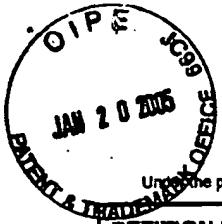


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| | | |
|--|--|--------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) |
| FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small> | | NHC0071-USA |
| Application Number 10/783,796 | | Filed 20 February, 2004 |
| For PRE-METERED DOSE MAGAZINE FOR DRY POWDER INHALER | | |
| Art Unit 1614 | | Examiner Pending |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|-------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | <u>\$2,160.00</u> |

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 50-0943 I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.**

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 43,160
- attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Signature

January 20, 2005

Date

Michael A. Steinberg, Ph.D.

(305) 575-6061

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01/27/2005 MANNED1 00000003 500943 10783796
01/27/2005 MANNED1 00000003 500943 2160.00 DA
02 FC:1255

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|---|---|---|----------------------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>4/21/05</u> | | 2 Serial/Patent # <u>10783796</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Extension of Time | | EOT | <u>1/20/05</u> \$ <u>2160.00</u> | | | | | | | |
| <input checked="" type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | \$ <u>2160.00</u> | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Treasury Check | | | | | | | | |
| <input checked="" type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | | 9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>9</td><td>4</td><td>3</td></tr></table> | | 5 | 0 | -- | 0 | 9 | 4 | 3 |
| 5 | 0 | -- | 0 | 9 | 4 | 3 | | | | |
| <p style="margin-left: 100px;">EOT was not submitted within the proper timeframe.</p> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Liana Chase</u> | | TITLE: <u>Paralegal</u> | | | | | | | | |
| SIGNATURE: <u>LChase</u> | | PHONE: <u>272-3206</u> | | | | | | | | |
| OFFICE: <u>Patent</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | | | | | | | |
| APPROVED: <u>Al W. Miller</u> | | DATE: <u>6/26/05</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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